



Notary Public Request to Change Record

Please Type or Print Clearly in Ink
No Filing Fee

Return to: Secretary of State, 500 East Capitol Ave, Pierre, SD 57501

Name as it appears on your commission _____

Additional name(s) commissioned under _____

Date commission issued _____

County _____ Date of Birth _____

Email (Optional) _____ Phone Number _____

Mark all boxes that apply:

Make Imprint of New Seal Here

Change Seal:

- ☐ I would like to use the new notary seal imprint shown. I intend to use both the new seal and my current notary seal. When I renew my commission, I am aware I will need to place an imprint of both notary seals on the application.
- ☐ I would like to discontinue the use of my current notary seal on file and use the imprint of the new notary seal shown.

Change Name:

- ☐ I would like to change my name on my notary public commission and will use the imprint of the new notary seal above. Complete the following:

Date of name change _____

Changed by ☐ Court Order ☐ Marriage

New name _____
(as it appears on new notary seal)

Change Address:

- ☐ I would like to change my physical address on file to the address below.

Physical Address _____ City _____ State _____ Zip _____ County _____

- ☐ I would like to change my mailing address on file to the address below.

Mailing Address _____ City _____ State _____ Zip _____ County _____

I hereby state that the above information is true and correct. I understand that I will not be able to use a new notary seal imprint until I am notified by the Secretary of State.

Dated _____

(Signature EXACTLY as found on your seal imprint)

FOR INTERNAL OFFICE USE ONLY

File Date: _____

Commission Date: _____

Notary ID: _____